

Notice of Address Change

Please email, fax, or mail to:

Texas Board of Veterinary Medical Examiners

333 Guadalupe, Suite 3-810

Austin, Texas 78701

FAX: 512-305-7556

Email: licensing@veterinary.texas.gov

Please print or type

Name _____

License Number _____

Mailing Address:

Street/PO Box _____

City, State _____ County _____ Zip Code _____

Practice Address:

Practice Name _____

Street _____

City, State _____ County _____ Zip Code _____

Phone _____ Fax _____

Email _____

Home Address:

Street _____

City, State _____ County _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Note: The mailing address is the default address. All documents, forms and letters sent to you from this agency will be mailed to this address.